



VOICE OF THE WORKERS

UHM
Voice of the Workers
St Thomas Str.
Floriana FRN 1123 Malta
T: (+356) 2590 5000
E: info@uhm.org.mt

Formola ta' Sħubija

www.uhm.org.mt

Mizata Amministrattiva: €10.00

Mizata Nominali: €42.00 sena kalendarja + Mizata Amministrattiva*

Nixtieq nidħol membru f'din il-Union. Niddikjara li nosserva r-regolamenti tagħha, kif inhuma issa u kif jistgħu jiġu emendati 'l quddiem. Niddikjara li nibqa' membru sakemm inħallas il-ħlas kollu dovut u nirriżenja skond l-istatut.

(UŻA ITTRI KBAR)

Isem:- _____ Kunjom:- _____

Numru ta' Identita`:- _____ (____) Indirizz:- _____

_____ Kodiċi Postali:- _____

Telefon tad-Dar:- _____ Telefon tax-Xogħol:- _____ Mobile: _____

Indirizz Elettroniku:- _____

Data ta' twelid:- _____ Sess: M/F Nazżjonalita': _____

Post tax-xogħol:- _____ Pożizzjoni:- _____

Firma: _____ Data: _____

GĦALL-UŻU TA' UFFIĊĊJU:-

Ammont imħallas: _____ Data' ta' Proċess: _____

Numru tas-sħubija: _____

*Mizata Amministrattiva tiġi mneħħija jekk tħallas il-Mizata Nominali f'Jannar jew Frar ta' kull sena.



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Enrollment Form

www.uhm.org.mt

Administrative Fee: €10.00

Nominal Fee: €42.00 per calendar year + Administrative Fee*

I wish to become a member of this Union. I declare that I will observe all its regulations, current and future ones. I declare that I will remain a member until I pay my fees due and resign according to the statute.

(WRITE IN CAPITAL LETTERS)

Name:- _____ Surname:- _____

ID Card Number:- _____ (____) Address:- _____

Postal Code:- _____

Home Phone No:- _____ Work Phone No:- _____ Mobile: _____

Email Address:- _____

Date of Birth:- _____ Sex: M/F Nationality: _____

Work place:- _____ Position:- _____

Signature: _____ Date: _____

Internal Use Only:-

Amount Paid: _____ Processing Date: _____

Union No: _____

* Administrative Fee is waived if you pay the Nominal Fee in January or February of each year.



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